

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima
 District of Heber
 Town of _____
 or
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 203
 County Registrar No. _____
 Local Registrar No. _____

No. near family St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 2. Full name of child Elizabeth Hinton (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth 10 26 25
 Month Day Year

8. FATHER
 Full name Peter Hinton

9. Residence (Usual place of abode) Rice
 If non-resident, give place and state. Ariz

10. Color or race 4/4 Indian 11. Age at last birthday 30 (Years)

12. Birthplace (city or place) Pylos
 (State or country) Ariz

13. Occupation Common Laborer
 Nature of Industry

14. MOTHER
 Full maiden name Edna Dili

15. Residence (Usual place of abode) Rice
 If non-resident, give place and state. Ariz

16. Color or race 4/4 Indian 17. Age at last birthday 26 (Years)

18. Birthplace (city or place) Rice
 (State or country) Ariz

19. Occupation Housewife
 Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? no

Robert CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 I hereby certify that I attended the birth of this child, who was born alive at 2 A m. on the date above stated
 (Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
 Signature C. H. Sawyer M.D. (Physician or midwife).
 Address San Carlos Ariz

Given name added from a supplemental report _____ Filed _____ 19 _____
 Month, day, year

Registrar

Filed _____ 19 _____

County Registrar.

585-1026-549